



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

**Earl Ray Tomblin
Governor**

**Bureau for Medical Services
350 Capitol Street – Room 251
Charleston, West Virginia 25301-3706
Telephone: (304) 558-1700 Fax: (304) 558-1776**

**Michael J. Lewis, M.D., Ph.D.
Cabinet Secretary**

**Bureau for Medical Services
Infant and Child Oral Health Fluoride Varnish Program for Primary Care
Practitioners
Coverage Criteria**

Physician fluoride varnish (FV) services are defined as preventive procedures provided by or under the supervision of a physician. This includes caries screening, recording of notable findings in the oral cavity, preventive oral health and dietary counseling, and administration of topical fluoride varnish. Such services shall maintain a high standard of quality and shall be within the reasonable limits of services customarily available and provided to most persons in the community with the limitations specified below in this document. The American Dental Association (ADA) expert panels have reviewed evidence-based (class 1a) studies and concluded that "Fluoride varnish applied every six months is effective in preventing caries in the primary and permanent dentition of children and adolescents." Please see JADA executive Summary 2006 recommendations attached.

Fluoride varnish is a thin coating of resin that is applied to the tooth surface to protect it from decay. According to the Food & Drug Administration (FDA), fluoride varnish falls under the category of "drugs and devices" that presents minimal risk and is subject to the lowest level of regulation. The purpose of applying fluoride varnish is to retard, arrest, and reverse the process of cavity formation.

Fluoride varnish is easy to apply, does not require special dental equipment or a professional cleaning prior to application. It also requires minimal training, and is inexpensive. Fluoride varnish dries immediately upon contact with saliva and is safe and well tolerated by infants, young children, and individuals with special needs.

Effective January 16, 2012, the Bureau for Medical Services (BMS) will start reimbursing primary care providers who have been certified through a face-to-face training for fluoride varnish application offered through the West Virginia University School of Dentistry for the application of fluoride varnish to children ages 6 months to 36 months (3 years) who are at high risk of developing dental caries. The application of the fluoride varnish should include communication with and counseling of the child's caregiver, including a referral to a dentist.

A child is considered at high risk of developing cavities if he or she:

- ✓ Has had cavities in the past or has white spot lesions and stained fissures
- ✓ Continues to use the bottle past one year of age or sleeps with a bottle containing liquids other than water
- ✓ Breastfeeds on demand at night
- ✓ Has a developmental disability
- ✓ Chronically uses high sugar oral medications
- ✓ Has family members with histories of caries
- ✓ Engages in prolonged or ad lib use throughout the day of a bottle or “sippy” cup containing liquids other than water

Who is Not Covered:

- ✓ Children with a low risk of cavity formation who consume optimally fluoridated water or children who receive routine fluoride treatments through a dental office.

BMS recognizes the following types of primary care providers to be eligible for payment of this service:

- ✓ Pediatricians
- ✓ General and Family Practice Doctors
- ✓ Nurse Practitioners
- ✓ Physician Assistants (in FQHC settings only)

Provider Eligibility to Bill for Program Services

Providers must have completed a certified training course from the WVU School of Dentistry prior to performing and billing for these services. The WVU School of Dentistry will provide a list of all current certifications monthly in 2011 and thereafter to BMS and its fiscal agent in order to create a file of reimbursable providers. Information about this course is available at www.hsc.wvu.edu/sod/oral-health.

Reimbursement for the Services

BMS allows coverage of two fluoride varnish applications per year (one every six months). The first application must be provided and billed in conjunction with a comprehensive well-child exam as reported under the CPT codes listed in the table below. The second fluoride varnish application can be reimbursed during the 12-month subsequent period, and may be billed in conjunction with the HCPCS code outlined in the table below.

BMS will use the following codes to reimburse primary care providers for fluoride varnish application:

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Code	Description	Comments
99381 - 99382 99391 - 99392	Comprehensive well-child exam codes for children less than 1 year and up to age 4 (note FV coverage under this program is only through age 3)	Oral evaluation and counseling are components of comprehensive well-child exams
T1503	Administration of medication, other than oral and/or injectable by a health care agency/professional, per visit Note: Use this code to bill for the topical fluoride varnish; therapeutic application for moderate to high caries risk patients. By mid-2012, updates to the BMS Fiscal Agent's claim processing system will allow this code to be replaced by D1206 -Topical fluoride varnish; therapeutic application for moderate to high caries risk patients.	Covered 2 times per year for children up to age 3; 1st application must be billed in conjunction with one of the comprehensive well child exam codes listed above
T1503-DA	Use Code T1503 with modifier –DA (Oral health assessment by a licensed health professional other than a dentist) to bill for oral evaluation of patient under three years of age and counseling with primary caregiver. Note: By mid-2012, updates to the BMS Fiscal Agent's claim processing system will allow this code to be replaced by D0145 - Oral Evaluation for patient under three years of age and counseling with primary caregiver.	Covered once per year in conjunction with 2nd fluoride varnish application; cannot be covered when comprehensive well-child exam is billed on the same day and at least 180 days after billing for the comprehensive well-child exam
V20.2	Routine infant or child health check	Primary diagnosis used when billing well-child exam
V82.89	Special screening for other specified conditions	Secondary diagnosis used when billing comprehensive well-child exam
V72.2	Dental Exam	Primary diagnosis used when billing D0145 – dental exam; cannot report in combination with V20.2

Reimbursement will be made using the dental fee schedule effective on the date of service. The current fee for T1503 (D1206) will be \$20.00 and T1503-DA (D0145) will be \$25.00.